	I
TELEPHONE NO. (Optional):	
E-MAIL ADDRESS (Optional):	
FAX NO. (Optional):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF:	
DEFENDANT:	
REQUEST TO POSTPONE SMALL CLAIMS HEARING CASE NUMBER:	
IMPORTANT NOTICES	
A copy of this request must be mailed or personally delivered to each of the other parties in this case. File the original request with the court and keep a copy. (Code Civ. Proc., § 116.570(a)(3).)	
If the request is not filed with the court at least 10 days before the hearing, the requesting party must give the court a good reason why the requires being filed later. (Explain under item 2b below.) The court will decide whether good cause was shown. (Code Civ. Proc., § 116.570(a)(2).) If the court denies your request to postpone, your case will remain set on the original date.	
If the plaintiff's claim was timely served on the defendant, there is a non-refundable \$10 fee for filing a request to postpone the hearing. (Code C Proc., § 116.570(d).) Submit the fee with this request.	iv.
DEGUEST	
REQUEST	
1. I am the plaintiff defendant in this case.	
2. a. I request that my small claims hearing (date): be postponed for the following reason (be specified)	ecific):
b. This request is being made less than 10 days before hearing for the following reason (be specific):	
3. a. A copy of this request was mailed personally delivered to each of the other parties in this case on at the following address as required by Code of Civil Procedure section 116.570(a)(3) (specify name and address):	
b. (Optional) In addition to the requirement above, each of the other parties was also notified of this request by telephone e-mail fax on (date):	
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Date:	
(TYPE OR PRINT NAME) (SIGNATURE)	